CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CA	ANDIDATE OR COMMITTEE			
9/22/2007	John	Λ M M	Fe		
2.b. IF COMMITTEE, NAME OF CANDIDATE	\sim	1	3. ELECTION DATE		
John M. Wal	77		10/4/0	7	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone	
707 beorgia St	ChATTA.	MULA TA. 3	7./	123-266-2800	
4.b. CANDIDATE'S HOME ADDRESS (if differen Street or Rural Route	t than 4.a.)	State			
3815 Forentiah	lad Ch.	State State	Zip Code 37415	Phone 423-266-8400	
5. OFFICE SOUGHT (include district number, if	applicable)	6. NAME OF POLITICAL	TREASURER (may be	candidate)	
State Senare Put 1	0	JOHN M.	Wolfe		
7. CATEGORY OR REPORT (Check one) FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH QUARTER	PRE- PRE- PRIMARY GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END	
8.a. BEGINNING DATE OF REPORTING PERIOD	GOARTER	8.b. ENDING DATE OF REPO	PRTING PERIOD	SUPPLEMENTAL	
AU914, 2007		Sepiaa	2007		
9. (Check oke)					
 a. This campaign is exempt from detaile tures total \$1,000 or less for this repo 	d disclosure becaus rting period. (Comp	e contributions (including in-ki elete items 12d., 12e. and 12f.)	nd) received total \$1,0	00 or less AND expendi-	
b. This campaign is required to file a del	tailed financial disclo	osure because contributions (in	acluding in-kind) receiv	red total more than \$1,000	
and/or expenditures total more than \$	1,000 for this report	ing period.		od total more than \$1,000	
I/we do solemnly swear or affirm that the in accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other non-	ons and expenditures swear or affirm that	s required to be reported by th no campaign contributions hav	e candidate committee	hy the Campaign	
Sohn mill of far signature of candidate	9-23 — date	Signature o	OLL/ of political treasurer	9-23- date	
11. WITNESS SIGNATURE	4	N 4 .	· 1		
signature of watness	9/83/67	- William signa	ture of witness	4 (33/m) date	
12. SUMMARY					
a. BALANCE ON HAND LAST REPORT			s <u> </u>	-	
b. TOTAL RECEIPTS THIS PERIOD			s 30,843	29843	
c. TOTAL DISBURSEMENTS THIS PERIOD			s <u>24212</u>	-	
d. BALANCE ON HAND (12.a. plus 12.b. m	inus 12.c.)	,		s 63/100	gant r. ng r. gr
e. TOTAL LOANS OUTSTANDING				10,200	
f. TOTAL OBLIGATIONS OUTSTANDING				s <u> </u>	

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
John M Walte	FROM:8/K/DT TO:4/32/07
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	- , ,
a. Unitemized Contributions (\$100 or less from each source this period)	s <u>ADOO</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ 19443
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ <u>19643</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ 10,200
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u>~0~</u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ <u>29843</u>
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	e.g., printing, postage, gasoline)
\$	
\$	
\$	
s	
s	
\$	
•	
	
3	
•	
Total of Expenditures (\$100 or less each payee)	\$
b. Itemized Expenditures (Over \$100 each payee this period)	s <u>242/2</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	s <u>242/2</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	<u>-0 -</u>
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	\$ 2 <i>5</i> 22
22. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$
b. Itemized in-kind contributions (over \$100 from each source this period)	\$
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.1	o.)\$
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$
b. Itemized Obligations Outstanding (Over \$100 each)	\$
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i ite	m 12.f.) \$

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Page _____ of ____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	ING THE PERIOD TO: 9/33/07
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTI	IONS FROM	PRECEDING PAG	F (enter \$0 if first itemized a	ana)	Amount

4. COMPLETE THE APPROPRIATE ITEMS FOR EA		CONTRIBUTION (C		100 from any contributor)	
First Name Jahr	Middle Name		Contribution Received For.		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	19143
Address 2811 Town N	igh long	L	Runoff (Local Election	s Only)	
City Chille was 4	State Z	ip.code 37413	Date of Contribution		Aggregate This Election
Occupation		Aug 12-	9/27/07	19,443	
Employer					
First Name	Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name	I		Primary Election	General Election	
Address			Runoff (Local Election	s Only)	
City	State Z	čip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer					
					1
First Name	Middle Name		Contribution Received For:		Amount of Contribution
First Name Last Name/Organization Name	Middle Name			General Election	Amount of Contribution
	Middle Name			General Election	Amount of Contribution
Last Name/Organization Name		Zip Code	Primary Election	General Election	Amount of Contribution Aggregate This Election
Last Name/Organization Name Address		Zip Code	☐ Primary Election ☐	General Election	
Last Name/Organization Name Address City		Zip Code	☐ Primary Election ☐	General Election	
Last Name/Organization Name Address City Occupation Employer	State Z	Zip Code	Primary Election	General Election	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer		Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For:	General Election s Only)	
Last Name/Organization Name Address City Occupation Employer	State Z	Zip Code	Primary Election	General Election	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer	State Z	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For:	General Election s Only) General Election	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name	State Z	Zip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For:	General Election s Only) General Election	Aggregate This Election
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address	State Z		Primary Election Runoff (Local Election Date of Contribution Contribution Received For: Primary Election Runoff (Local Election	General Election s Only) General Election	Aggregate This Election Amount of Contribution
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City	State Z		Primary Election Runoff (Local Election Date of Contribution Contribution Received For: Primary Election Runoff (Local Election	General Election s Only) General Election	Aggregate This Election Amount of Contribution
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City Occupation	State Z Middle Name State Z	tip Code	Primary Election Runoff (Local Election Date of Contribution Contribution Received For: Primary Election Runoff (Local Election	General Election s Only) General Election	Aggregate This Election Amount of Contribution

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ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE							2. REPORT CO	VERING TH	E PERIOD
John M.				FROM:	I TO:				
3. COMPLETE THE APPROPRIATE	E ITEMS FO	OR EACH IT	EMIZE	ED LOAN (10	ans totalino n	nore than \$100 from any	Source during the period		13/07
				· · · · · · · ·				·	
Complete the Following for the Source of First Name	Middle Name	:	1	Outstanding Lo	an Baiance	Loans	Loan	Constantine i	222
John	W.			(Beginning of	of Period) Received Payments (End of			Outstanding L (End of S	Period)
Last Name/Organization Name Wolfe				D		COADO	- 1	100	200
Address				Loan Receive			Date of Loan		
City	State	Zip Code	-+	Pnmary	Election	General Election			
					ocal Elections				
	ist All Endors	ers or Guarar	ntors fo	r Above Loar	(If more so	ace is needed pleas	e atrach a page)		
First Name		Middle Name			First Name			Middle Name	
Lest Name/Organization Name					Last Name/Or	ganization Name			
Acoress					Adoress			<u> </u>	
City		State	Zip Co	ocie	City			State	Zip Code
Amount Guaranteed Outstanding			<u>.</u>		Arnount Guaranteed Outstanding				
First Name Middle Name				First Name Middle Name					
Last Name/Organization Name					Last Name/Organization Name				
Address					Address				
City		State	7- 0-						
		Sine	Zip Co		City			State	Zip Code
Amount Guaranteed Outstanding					Amount Guz	ranteed Outstanding			
First Name		Middle Name			First Name			Middle Nam	3
Last Name Organization Name					Last Name/0	Organization Name			
Address					Address				
City		State	Zip C	one					
	· · · · · · · · · · · · · · · · · · ·						State	Zip Coos	
Amount Guaranteed Outstanding					Amount Guz	aranteed Outstanding			
First Name		Middle Name	2		First Name Middle Name			3	
Last Name Organization Name		·•		····	Last Name/	Organization Name		1	
Acoraes	······································	· · · · · · · · · · · · · · · · · · ·			Address				
Sty.		State	Zip C	Code	City			State	Zip Code
Amount Suprameet Dustarung				Amount Guaranteed Outstanding					

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COV	ERING THE PER	IOD
				FROM: 14/	OT TO: 1	ah 3-1
 COMPLETE THE APPROPRIATE ITEMS FR OBLIGATION (obligations totaling more than person/vendor at the end of the reporting person/vendor at the end of the reporting person.) 	\$100 owe		Outstanding Balance (Beginning of Period)	Debt incurred This Period	Payments This Period	Outstanding Baiance (End of Period)
First Name	Middle Nan	ne				
Last Name/Eusiness Name						
Address						
Ony	State	Zip Code				
Description of Congetion	'			1		
First Name	Middle Nar	ne				
Last Name/Business Name	!		And the second			
Accress						
City	State	Zip Code				
Description of Obligation	!	1				
First Name	Middle Na	me				
Last Namerausiness Name	<u> </u>					
Address						
City	1 8-4-	15-0-				
Description of Obligation	State	Zip Code				
Jesus Sur C. Colligator						
First Name	Middle Na	me				
Last Name: Business Name	<u>'</u>					
Acoress						
City	State	Zip Code				
Description of Coligezon	1	1	<u> </u>			
First Name	Middle Na	me			,	
Last Name/Business Name		7.				
Accress						
Co.	State	Zip Code				
Description of Obligation				_!		
4. TOTALS						
Total from Outsianding Balance - (End of Period) in hem 23b. on summary page.)	coiumn mus	st also be shown				

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR CON	MITTEE			I	2. REPORT COVER	ING THE DEDICE
John M. V	101ty	,			FROM AUNIVIOR	TO: 9/22/07
	TOIDI ITION	C EDOM:			1,00/12/67	Amount /37/07
3. TOTAL ITEMIZED IN-KIND CON						
4. COMPLETE THE APPROPRIATE ITS	LING FUR EAR					pionor during the period)
First Name		Middle Nam	e	In-Kind Contribution Received For: Primary Election General Elect		
Last Name/Organization Name				Runoff (Local Election		
Accress				Date of In-Kind Contribution Aggregate this Election		
Citry State Zip Code			Description of In-Kind Contribution			
coupation Employer						
,						
First Name	1	Middle Nam	NC.	In-Kind Contribution Receive	J	
		ANGUE NOIL		Primary Election	d For. General Election	Value of in-Kind Contribution
Lest Name: Organization Name				Runoff (Local Election		
Accress				Date of In-Kind Contribution		Aggregate this Election
City State Zip Code			Description of In-Kind Contribution			
Occupation Employer						
	-					
First Name		Middle Nan	ne	In-Kind Contribution Receive	ed Epir	Value of in 15 to 10
Last Name/Organization Name				i e	General Election	Value of In-Kind Contribution
911114				Runoff (Local Electro	ns Oniy)	
Address				Date of tn-Kind Contribution		Aggregate this Election
City	<u> </u>	State	Zip Code	Description of In-Kind Contribution)	
Occupation.	Employer	!				
First Name		Middle Nar	ne	in-Kind Contribution Receive	eri En-	124
Lest Name/Organization Name		1			General Election	Value of In-Kind Contribution
		7.11		Runoff (Local Election	ons Only)	
Adoress	-			Date of in-Kind Contribution		Aggregate inis Election
City		State	Zip Code	Description of In-Kind Contribution		
Occupation	≘трюуе:	<u> </u>	1	-		
First Name		Middle Nam	e	in-Kind Contribution Recei	ved For	Value of In-Kind Contribution
Last Name Organization Name		<u> </u>		Primary Election	General Election	
ACCITESS				Runoff (Local Election	ons Only)	
				Date of In-Kind Contribution		Aggregate this Election
		State	Zip Code	Description of In-Kind Contribution	n	1
	======================================	<u>.</u>	1	-		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	^	2. REPORT	COVERING THE PERIOD
John M. Wolf	FROMA	(67 TO: 10/22/07	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITUR			Amount 2
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	ACH ITEMIZED EXPENDITURE (exp		ng the period)
First Name AAAA ast Name/Business Name	Middie Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		CONJUltingfor	\$ \$3500.00
Accress Raz Clinton St		(
Halliman	Sage Zip Code 10 37748		
First Name MA ()	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Eusiness Name	·	mail/ Design	5380.00
Address 822 Clara ST			J 5 5 6 7 0 0
Sad Clata 2T	State Zip Code		
Hallina	In 37748		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name Eusiness Name		Polital field	1,500,00
Address		Pullati little	3000
Cny	1 50-00		
Phythasnx	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last NamerBusiness Name		1 0 A	# 7 22 22
Accress		RAdio	300.00
Ong.	State Zip Code		
JAIROR	Ta		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name		S	2100.00
Address Address		21942/4000	10000 July
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
LAST NATHE FUSITIONS NATHE CITA (Ch	ine)	Advertising	\$3696-03
7413 old lee	Huy		
= Charteron	State Zip Code 37421	- (
5. TOTAL ITEMIZED EXPENDITURES			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	_			2. REPORT COVE	RING THE PERIOD
John M. Wolf	<u>-e</u>			FROM: 4/14/6	TO: 0/22/07
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	RES FRO	M PRECEDING PAGE	(enter \$0 if first itemized pa	ge)	, who die
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMI	ZED EXPENDITURE (ex	penditures totaling more than \$100	to any payee during the p	eriod)
First Name	Middle Nan	е	Purpose of Expenditure		Amount of Expenditure
Last Name@usiness Name			Advertion	Ral Bal	9200.00
Address				9 1	3000
- Audiess					
City Red BANK	State	Zip Code			
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	1		A	1 - 4	
Whoolelow ma	diA		Advertiona	(RAdio)	390.00
Address			·		
City	State	Zip Code	San		
			±4.		
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			Phoneca	11-	.522
Address Colombia + As			Phoneca	112	1529.00
SI TAMACKAR BAS	زر				
Use hv. Na	State	Zip Code			
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	Middle Nam	e	•	. 1	
Last Name/Business Name	Middle Nam	e	•	m Ail	Amount of Expenditure
Last Name/Business Name 130105 Pratiky Address 0131 Industrial		ito	Purpose of Expenditure Post x 4 4 6	m Ail	
Last Name/Business Name 30105 Proting Address 31 Industrial 1	Middle Nam	i Lo Zip Code	•	m Ail	
Last Name/Business Name 130105 Pratiky Address 0131 Industrial	Yeld	ito	Postagel	m 4i (
Last Name/Business Name 30105 Proting Address 31 Industrial	Yeld	Zip Code 37950	•	m Ail	
Last Name/Business Name 130115 Pirting Address Cold Industrial City Knarullus First Name Last Name/Business Name	State Middle Nam	Zip Code 37950	Post x y c (Amount of Expenditure
Last Name/Business Name 30175 Praticy Address O 31 Industry City Know Wille First Name Last Name/Business Name Hustles/Marios Ca	State Middle Nam	Zip Code 37950	Postagel		2638.03
Last Name/Business Name 130115 PIX 104 Address Address First Name Last Name/Business Name Hustley/Marisula Address 07 Dlas Ave	State TM Middle Nam	Zip Code 37950 e	Post x y c (Amount of Expenditure
Last Name/Business Name Address OBITADUST City First Name Last Name/Business Name HUSTLEN MARIANCA Address OBITADUST Address OBITADUST Address OBITADUST AND SELECTION AND AND AND AND AND AND AND AND AND AN	State Middle Nam Windstate	Zip Code 37950	Post x y c (Amount of Expenditure
Last Name/Business Name 130115 PIX 104 Address Address First Name Last Name/Business Name Hustley/Marisula Address 07 Dlas Ave	State TM Middle Nam	Zip Code 37950 e	Post x y c (Amount of Expenditure
Last Name/Business Name Address Col 31 Industry is () City Know Who First Name Last Name/Business Name Hustley Mariou (a. Address) O 7 Dlan Ave City South Pitashow First Name	State Middle Nam William State	Zip Code 37950 e	Purpose of Expenditure Allowy; Purpose of Expenditure	·	Amount of Expenditure / 3 5 0 0 0
Last Name/Business Name Address OBITADUOTING City First Name Last Name/Business Name HUSTLEN/MARICULA Address OT FLA AVE City SDUTH PITASIDO-U	State Middle Nam William State	Zip Code 37950 e	Purpose of Expenditure Allowy; Purpose of Expenditure	·	Amount of Expenditure / 3 5 0 0 0
Last Name/Business Name Address Col 31 Industry City First Name Last Name/Business Name Address O 7 DIM Ave City South Pitashry First Name Last Name/Business Name	State Middle Nam William State	Zip Code 37950 e	Purpose of Expenditure Allowy; Purpose of Expenditure	·	Amount of Expenditure / 3 5 0 0 0
Last Name/Business Name Address Address First Name Last Name/Business Name HUNTLEN MARIAN City City South Pitashan First Name Last Name/Business Name Last Name/Business Name Last Name/Business Name The Marian Can Address D7 Dlan Ave City First Name Last Name/Business Name Last Name/Business Name	State Middle Nam William State	Zip Code 37950 e	Post x yel Purpose of Expenditure Allower	·	Amount of Expenditure / 3 5 0 0 0
Last Name/Business Name Address First Name Last Name/Business Name Hustley/Marisula Address O7 Dlas Ave City First Name Last Name/Business Name Last Name/Business Name City First Name City First Name City C	State Middle Nam State A Middle Nam	Zip Code 37950 e Zip Code	Purpose of Expenditure Allowy; Purpose of Expenditure	·	Amount of Expenditure / 3 5 0 0 0
Last Name/Business Name Address Address First Name Last Name/Business Name ###################################	State Middle Nam State Middle Nam State	Zip Code Zip Code Zip Code Zip Code	Purpose of Expenditure Allowy; Purpose of Expenditure	·	Amount of Expenditure / 3 5 0 0 0